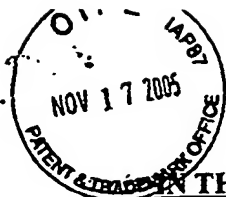


United States Patent and Trademark Office  
- Sales Receipt -

11/23/2005 EDANTZLE 00000002 050225 10670439

|            |           |
|------------|-----------|
| 01 FC:1201 | 200.00 DA |
| 02 FC:1202 | 50.00 DA  |



Docket 86705NAB  
Customer No. 01333

Ifn

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:  
Douglass L. Blanding

A COMPOUND COUPLING

Serial No. 10/670,439

Filed 25 September 2003

Group Art Unit: 3679

Examiner: MacArthur, Victor

I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Tara Piccone*

Tara Piccone

*11-15-05*

Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

Transmitted herewith is an amendment in the above-identified application:

- ☒ No additional fee is required.  
☐ The fee has been calculated as shown below:

|  | (Col. 1)                         |       | (Col. 2)                        | (Col. 3)      | OTHER THAN A SMALL ENTITY |                |
|--|----------------------------------|-------|---------------------------------|---------------|---------------------------|----------------|
|  | CLAIMS REMAINING AFTER AMENDMENT |       | HIGHEST NO. PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE                      | ADDITIONAL FEE |
| TOTAL  | 13                               | MINUS | 37                              | 0             | X 50                      | \$0            |
| INDEP  | 3                                | MINUS | 7                               | 0             | X 200                     | \$0            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |       |                                 |               | + 360                     | \$0            |
| TOTAL  |                                  |       |                                 |               |                           | \$0            |

\* The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

☐ Please charge American Express Credit Card (see attached form PTO-2038) \$0.

A duplicate copy of this sheet is enclosed

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225

A duplicate copy of this sheet is enclosed

☒ Any additional filing fees required under 37 CFR 1.16.

☒ Any patent application processing fees under 37 CFR 1.17.  
(For Extensions of Time and other Petitions to the Assistant Commissioner)

Nelson A. Blish/tmp  
Telephone: 585-588-2720  
Facsimile: 585-477-4646

Attorney for Applicants  
Registration No. 29,134

If the Examiner is unable to reach the Applicant(s) Attorney at the telephone number provided, the Examiner is requested to communicate with Eastman Kodak Company Patent Operations at (585) 477-4656.



86705NAB  
Customer No. 01333

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of:

Douglass L. Blanding

A COMPOUND COUPLING

Serial No. 10/670,439

Filed 25 September 2003

Group Art Unit: 3679

Examiner: MacArthur, Victor

I hereby certify that this correspondence is being deposited today with the United States Postal Service as first class mail in an envelope addressed to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*Tara Piccone*  
Tara Piccone

*11-15-05*  
Date

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA. 22313-1450

Sir:

**AMENDMENT**

In response to the Office Action mailed October 5, 2005, please amend the above-identified application without prejudice as follows:

**Amendments to the Claims** are reflected in the listing of the claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective January 1, 2003

10/670439  
Application or Docket Number

86705ALAB

**CLAIMS AS FILED - PART I**

|   | (Column 1)    | (Column 2)   |
|---|---------------|--------------|
| TOTAL CLAIMS  | 37            |              |
| FOR   | NUMBER FILED  | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 37 minus 20 = | * 17         |
| INDEPENDENT CLAIMS  | 2 minus 3 =   | 4            |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |               |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 37                             | Minus                              | ** 37 = 0     |
| Independent   | * 7                              | Minus                              | *** 7 = 0     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 375.00 | OR | BASIC FEE | 750.00 |
| X\$ 9=    |        | OR | X\$18=    | 336    |
| X42=      |        | OR | X84=      | 306    |
| +140=     |        | OR | +280=     |        |
| TOTAL     |        | OR | TOTAL     | 1352   |

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

| RATE   | ADDI-TIONAL FEE |    | RATE   | ADDI-TIONAL FEE |
|--------|-----------------|----|--------|-----------------|
| X\$ 9= |                 | OR | X\$18= |                 |
| X42=   |                 | OR | X84=   |                 |
| +140=  |                 | OR | +280=  |                 |
| TOTAL  |                 | OR | TOTAL  |                 |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | * 38                             | Minus                              | ** 37 = 1     |
| Independent   | * 8                              | Minus                              | *** 7 = 1     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE   | ADDI-TIONAL FEE |    | RATE   | ADDI-TIONAL FEE |
|--------|-----------------|----|--------|-----------------|
| X\$ 9= |                 | OR | X\$18= | 50              |
| X42=   |                 | OR | X84=   | 200             |
| +140=  |                 | OR | +280=  |                 |
| TOTAL  |                 | OR | TOTAL  | 250.00          |

|   | (Column 1)                       | (Column 2)                         | (Column 3)    |
|---|----------------------------------|------------------------------------|---------------|
| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total   | *                                | Minus                              | **            |
| Independent   | *                                | Minus                              | ***           |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |                                    |               |

| RATE   | ADDI-TIONAL FEE |    | RATE   | ADDI-TIONAL FEE |
|--------|-----------------|----|--------|-----------------|
| X\$ 9= |                 | OR | X\$18= |                 |
| X42=   |                 | OR | X84=   |                 |
| +140=  |                 | OR | +280=  |                 |
| TOTAL  |                 | OR | TOTAL  |                 |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.